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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MHD GLANI TE DESIGN LLC - CHANGING Name of Limited Liability Company NAME
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MNOEL KORT-KAMP Name of Person
MHD GANILE DESIGN
4310NW 35 th C+
MIAMI - FI - 33142 City/State and Zip Code
E-mail and report notification
For further information concerning this matter, please call:
MNDE KORT-KAWP at (305) 300 – 2471. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\$30.00 Filing Fee \$□ \$55.00 Filing Fee \$□ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 -

MHD GRAN	12	DES/6/	V LLC		
(<u>Name of the Limited L</u> (A I	Florida Limited Lis	y as it now appears on cability Company)	our records.)	~	
The Articles of Organization for this Limited Liabi	lity Company v 18 <u>1</u> 292	vere filed on <u>09</u>	126/16	and ass	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the NATIONAL SHOWED The new name must be distinguishable and contain the words	E DE	SIGN	LLC ation "LLC" or the al	bbreviation "L	.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	ADDRESS)			DIX: 6	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			SEP 22 AM 8: 55	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter</u>	the name	of the nev
Name of New Registered Agent:					
New Registered Office Address:				,	
	Enter Florida street address				
-		City	, Florida	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

A	amending Authorized Person((s) authorized to mana	ge, <u>enter the title</u>	, name, and	l address of eac	h person	being added
	removed from our records:			 ·			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
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			□ Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.	0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	is, this date will not be liste	a as tne
the record specifies a delayed effective date, but not an effective time, at 12	·01 a m on the earlie	r of:
The 90th day after the record is filed.	or a.m. on the earne	. 01.
Dated 05 16 2016.		
Signature of a member or authorized representative of a member		
MANOEL KORT-KAMP		

Page 3 of 3

Filing Fee: \$25.00